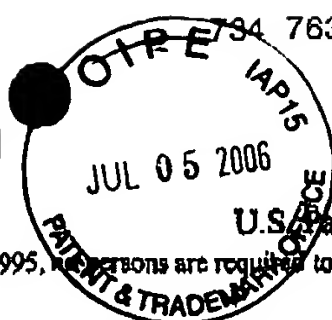


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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number		053893-5006-02																											
		First Named Inventor		Haig H. Kazazian, Jr.																											
<input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		COMPLETE IF KNOWN																													
		Application Number		09/653,812																											
		Filing Date		September 1, 2000																											
		Group Art Unit		1632																											
		Examiner Name		Anne Marie Falk, Ph.D.																											
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, mailing address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;">COMPOSITIONS AND METHODS OF USE OF MAMMALIAN RETROTRANSPOSONS</p> <p>the specification of which</p> <p style="margin-left: 40px;">is attached hereto</p> <p style="margin-left: 40px;">OR</p> <p style="margin-left: 40px;">was filed on September 1, 2000 as United States Application Number 09/653,812 or PCT International Application Number * and was amended on (MM/DD/YYYY) _____ (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended in the Preliminary Amendment filed on September 1, 2000, the Amendment filed April 16, 2002 and the Amendment of March 21, 2005.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p>																															
<p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Prior Foreign Application Number(s)</th> <th rowspan="2">Country</th> <th rowspan="2">Foreign Filing Date (MM/DD/YYYY)</th> <th rowspan="2">Priority Claimed</th> <th colspan="2">Certified Copy Attached?</th> </tr> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>						Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed	Certified Copy Attached?		YES	NO				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.																															
<p>I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Application Number(s)</th> <th>Filing Date (MM/DD/YYYY)</th> <th rowspan="2"> <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. </th> </tr> </thead> <tbody> <tr> <td>60/006,831</td> <td>11/16/1995</td> <td> </td> </tr> </tbody> </table>						Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	60/006,831	11/16/1995																					
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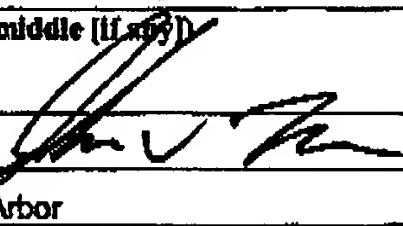
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I hereby claim the benefit under 35 U.S.C. 120 of any United States non-provisional application(s) listed below.			
Application Number(s)		Filing Date (MM/DD/YYYY)	
08/749,805 08/847,844		11/15/1996 04/28/1997	
<input type="checkbox"/> Additional non-provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
DECLARATION – Utility or Design Patent Application			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or <input type="checkbox"/> Correspondence address below			
Name Kathryn Doyle, Ph.D., J.D.			
Address Drinker Biddle & Reath LLP			
Address 1 Logan Square, 18 th and Cherry Streets			
City Philadelphia		State Pennsylvania	Zip 19103
Country US	Telephone 215.988.2902		Fax 215.988.2757
POWER OF ATTORNEY			
I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:			
Kathryn Doyle, Ph.D., J.D., Reg. No. 36,317			
<input checked="" type="checkbox"/> I hereby appoint the practitioner(s) associated with Customer Number <u>23973</u> to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.			
<input type="checkbox"/> Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).			
DECLARATION			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) HAIG H.		Family Name or Surname KAZAZIAN, Jr.	
Inventor's Signature			Date
Residence/City: Baltimore	State MD	Country US	Citizenship US
Mailing Address: 1015 WINDING WAY			
Mailing Address:			
City: Baltimore	State MD	Zip 21210	Country US

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NAME OF SECOND INVENTOR		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) JEF D.		Family Name or Surname BOEKE	
Inventor's Signature		Date	
Residence/City: Baltimore	State MD	Country US	Citizenship US
Mailing Address: 835 WEST UNIVERSITY PARKWAY			
Mailing Address:			
City: Baltimore	State MD	Zip 21210	Country US
NAME OF THIRD INVENTOR		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) JOHN V.		Family Name or Surname MORAN	
Inventor's Signature 		Date 11/29/05	
Residence/City: Ann Arbor	State MI	Country US	Citizenship US
Mailing Address: 3478 RICHMOND COURT			
Mailing Address:			
City: Ann Arbor	State MI	Zip 48105	Country US
NAME OF FOURTH INVENTOR		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) BETH A.		Family Name or Surname DOMBROSKI	
Inventor's Signature		Date	
Residence/City: Springfield	State PA	Country US	Citizenship US
Mailing Address: 120 SOUTH FOREST ROAD			
Mailing Address:			
City: Springfield	State PA	Zip 19084	Country US